

UNITED STATES POSTAL SERVICE®

8308232 U.S. MAIL

IMELY URGENT

Please Rush To Addressee

RGENTE

FOR PICKUP OR TRACKING CALL 1-800-222-1811
Para recolección o localización, llame al 1-800-222-1811



*E V 3 0 9 7 6 1 5 4 6 U S *

Addressee Copy
Label 11-F June 2002



Post Office To Addressee

UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery	Flat Rate Envelope	Delivery Attempt	Time	Employee Signature		
	<input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> First <input type="checkbox"/> Second	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Date In	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day	Return Receipt	Delivery Attempt	Time	Employee Signature		
Mo. Day Year	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Time In	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day		Delivery Date	Time	Employee Signature		
Mo. Day Year	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Weight	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day						
lbs. ozs.	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day						
No Delivery	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day						
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day						
CUSTOMER'S ONLY				WARRANTY OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. With delivery to the addressee, the signature of the addressee or an authorized agent of the addressee must be obtained. The signature of the addressee or an authorized agent of the addressee must be obtained. The signature of the addressee or an authorized agent of the addressee must be obtained.			
METHOD OF PAYMENT:				NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
Express Mail Corporate Act. No.				Customer Signature			

FROM: (PLEASE PRINT)		TO: (PLEASE PRINT)	
PHONE	PHONE	PHONE	PHONE
22001, 0119; 5-806507		USPTO MAIL CENTER	
AK-769; 2936/211-507		AUG 26 2003	
2941/211-55; 0830/32550		EXPRESS MAIL LABEL DATE IN	

PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

For EMCA

Adhiera sello o franqueo por máquina en el área indicada en la esquina superior derecha.
Para EMCA o agencia del gobierno, escriba el número de cuenta en la etiqueta.

FORMA DE PAGO

3. ATTACH LABEL

Remove label backing and adhere over these instructions. Be sure to remove the Express Mail number from the backing and retain for your records.

STATES POSTAL SERVICE®

EMELY URGENT

RGENTE

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Para recolección o localización, llame al 1-800-222



Addressee Copy
Label 11-F June 2002



Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code		Flat Rate Envelope		Delivery Attempt		Employee Signature	
<input type="checkbox"/> First <input type="checkbox"/> Second		<input type="checkbox"/> Postage		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Date In		Return Receipt		Mo. Day		Employee Signature	
Mo. Day Year		COD Fee		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Time In		Total Postage & Fees		Mo. Day		Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM		\$		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Weight		Acceptance Clerk Initials		Mo. Day		Employee Signature	
Lbs. Ozs.		<input type="checkbox"/> No Delivery		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		METHOD OF PAYMENT:		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Express Mail Corporate Acct. No.		Express Mail Corporate Acct. No.		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
FROM: (PLEASE PRINT)		TO: (PLEASE PRINT)		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
PHONE ()		PHONE ()		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
22001, 0119; B-60656;		USPTO MAIL CENTER		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
4K-769; 2036/211-50;		AUG 2 6 2003		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
2941/211-50; 0800P3254D		EXPRESS MAIL LABEL DATE IN		Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	

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For EMCA

FORMA DE PAGO

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UNITED STATES POSTAL SERVICE®

EXTREMELY URGENT

Please Rush To Addressee

URGENTE

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*E V 3 0 9 7 6 1 5 4 6 U S *

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Label 11-F June 2002



Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery	Flat Rate Envelope	Delivery Attempt	Time	Employee Signature		
Date In	<input type="checkbox"/> Home <input type="checkbox"/> Second	<input type="checkbox"/> Postage	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
Time In	<input type="checkbox"/> 1st House <input type="checkbox"/> 3 PM	<input type="checkbox"/> Return Receipt	Delivery Attempt	Time	Employee Signature		
Weight	<input type="checkbox"/> End Day <input type="checkbox"/> 2nd Day	<input type="checkbox"/> COD Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
No Delivery	<input type="checkbox"/> Int'l Alpha Country Code	Total Postage & Fees	Delivery Date	Time	Employee Signature		
Customer Use Only	Acceptance Clerk Initials		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
Method of Payment			Delivery Date	Time	Employee Signature		
Express Mail Corporate Acct. No.			Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		

FROM: (PLEASE PRINT)		TO: (PLEASE PRINT)	
NAME	PHONE	NAME	PHONE
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
P2001,0119;A-80656; AK-769;2036/211-53; 2941/211-53; OR00032540		USPTO MAIL CENTER AUG 2 6 2003 22:11-145 EXPRESS MAIL LABEL DATE IN	

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